



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re U.S. Patent Application of )

HUOTARI et al. )

Application Number: 10/575,956 )

Filed: November 21, 2006 )

For: DENTAL UNIT AND METHOD FOR )  
FEEDING WATER )

ATTORNEY DOCKET NO. PLAN.0002 )

Unit 3732

Examiner  
Hao D. Mai

Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**COVER LETTER**

Sir:

[ x ] The fee for submission of claims is calculated as shown below:

| FOR   | TOTAL WITH<br>NEW CLAIMS<br>ADDED | TOTAL<br>CURRENTLY ON<br>FILE | CLAIMS<br>ALREADY PAID | RATE    | CALCULATION |
|---|-----------------------------------|-------------------------------|------------------------|---------|-------------|
| Total Claims  | 24                                | 24                            | 4<br>(Over 20)         | x \$52  | 0           |
| Independent<br>Claims   | 2                                 | 2                             | (Over 3)               | x \$220 | 0           |
| MULTIPLE<br>DEPENDENT<br>CLAIM(S)   |                                   |                               |                        | + \$390 | 0           |
| REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28). |                                   |                               |                        | x ½     |             |
|   |                                   |                               | TOTAL                  |         | 0           |

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

[ x ] Response to Office Action  
(with Claim Election)  
[ ] Substitute Abstract  
[ ] Preliminary Amendment  
[ ] Information Disclosure Statement

[ x ] Petition for Extension of Time for 2 months  
[ ] Terminal Disclaimer  
[ ] Letter to Draftsperson  
[ ] Assignment  
[ ] Other \_\_\_\_\_

- [ ] Please charge my Deposit Account Number \_\_\_\_\_ in the amount of \_\_\_\_\_ to cover the fees for \_\_\_\_\_.
- [ x ] Credit card information for **\$490.00** for the 2-month extension of time fee is enclosed.
- [ x ] The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to Deposit Account Number 12-0555.

Respectfully submitted,

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